



## 2025 TOPP Foundation Camp Scholarship Program

### *Scholarship eligibility and application requirements*

#### **INFORMATION**

- This is a \$500 lottery scholarship. All eligible applicants will be entered into a lottery drawing and have an equal chance of winning. There is a limited number of scholarships available.
- If chosen, parents/legal guardians will receive notification confirming the camp scholarship via email by the end of May 2025.
- Scholarship checks will be made payable to Camp Nejeda or Camp Freedom and sent directly to the camp. The family will be required to pay the camp tuition balance. If full payment has already been made, the Camps will refund the scholarship amount directly to you. Proof of camp enrollment is required prior to payment of scholarship.
- The camper will be required to provide photos of themselves that may be used on TOPP Foundation's social media accounts and website.
- The scholarship winner (picture and first name only) will be announced on TOPP Foundation's website and social media accounts.

#### **CRITERIA**

- All applicants must be 16 years old or younger and diagnosed with Type 1 Diabetes.
- Applicant must be a Pennsylvania resident and live in Bucks County, Montgomery County, or Philadelphia County, PA.
- Applicants must be registered for Camp Freedom or Camp Nejeda for the 2025 camp season before the scholarship amount will be distributed.
- Only requests submitted on this application form will be considered for funding.

#### **INSTRUCTIONS**

- Applications must be completed in full, with all required attachments, at the time of submission\*
- Scholarship applications will be accepted from February 15<sup>th</sup>, 2025, to April 30<sup>th</sup>, 2025.

#### **To apply for the TOPP Camp Scholarship, please submit the following:**

1. 3-page fully completed application (pages 1-2 is the application, and page 3 is the photo release form, authorizing photos of camper to be used in TOPP fundraising efforts and TOPP social media).
2. Pictures of your child that we can use on our social media accounts. Please email a minimum of two high quality picture (in JPEG or PNG format) to [christine@toppfund.org](mailto:christine@toppfund.org)

**\* Application deadline is April 30, 2025. Submit the completed application and photo release form by mail to the address below or scan and email the documents to Christine at [christine@toppfund.org](mailto:christine@toppfund.org).**

**TOPP Foundation  
RE: Camp Scholarship Program  
P.O. Box 622  
Furlong, PA 18925**

# 2025 TOPP Foundation's Camp Scholarship Application

Today's date \_\_\_\_\_

## Child's Information (Please print)

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Age \_\_\_\_\_ Date Diagnosed \_\_\_\_\_

Number of years your child has attended diabetes camp, if applicable \_\_\_\_\_

Please indicate child's T-Shirt size:

Youth S (6-8) \_\_ Youth M (10-12) \_\_ Youth L (14-16) \_\_ Adult S \_\_ Adult M \_\_ Adult L \_\_ Adult XL \_\_

Feel free to use the back of this form or add an additional paper if more room is needed to answer the questions below. *Optional - For Camper; Write, draw, or in some way express what camp means to you and why you want to go to camp. Answers may be used on our website or social media.*

**Please have your child answer one of these (or both) questions.**

"I want to go to camp because \_\_\_\_\_"

"I love camp because \_\_\_\_\_"

**Please explain why your child would benefit from attending diabetes camp this summer.**

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**How will this scholarship help your child and/or your family?**

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**What is one of the most challenging parts about T1D for your child and/or your family?**

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**Tell us about your child. What does your child like to do in their spare time?**

Examples: extracurricular activities, groups, classes, programs, hobbies, special talents, etc.

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## Camp Information

Please indicate which camp your child is attending.

### Camp Freedom

\_\_\_ My child is registered for Camp Freedom *June 14–20, 2025*

### Camp Neveda

\_\_\_ My child is registered for Camp Neveda. Please check which session your child is attending.

\_\_\_ *BFF Week (Ages 7-15): Sunday, June 29 - Friday, July 4*

#### *2-Week Sessions*

\_\_\_ Session 1 (Ages 9-13): Sunday, July 6 - Friday, July 18

\_\_\_ Session 2 (Ages 12-16): Sunday, July 20 - Friday, August 1

#### *1-Week Sessions*

\_\_\_ Session 3 (Ages 7-12): Sunday, August 3 - Friday, August 8

\_\_\_ Session 4 (Ages 7-15): Sunday, August 10 - Friday, August 15

\*PROOF OF ENROLLMENT TO A CAMP SESSION WILL BE REQUIRED

## Parent/Legal Guardian Information

(Please print)

**Mother's Name** \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone number \_\_\_\_\_

Address (if different than camper) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone number \_\_\_\_\_

Address (if different than camper) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return all forms by 4/30/25 to the address below or email to [christine@toppfund.org](mailto:christine@toppfund.org)**  
**TOPP Camp Scholarship Program**  
**PO Box 622**  
**Furlong, PA 18925**

# **TOPP Foundation Camp Scholarship**

## **2025 Photo Release Form**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned, agree as follows:

1. I agree for my child to be photographed, recorded (graphically, verbally, and in written format) and videotaped by TOPP Foundation and its agents ("TOPP") in connection with the TOPP Foundation Camp Scholarship, if awarded.
2. I hereby irrevocably authorize TOPP and its affiliates to copyright, publish, reproduce, exhibit, transmit, broadcast, televise, digitize, display, otherwise use, and permit others to use, (a) my child's name, image, likeness, and voice, (b) all photographs, recordings, videotapes, audiovisual materials, writings, statements, and quotations of or by my child, in any manner, form, or format whatsoever now or hereinafter created, including on the Internet, and for any purpose, including, but not limited to, advertising or promotion of TOPP, its affiliates, or their services, without further consent form or payment to me.
3. It is understood that all the Materials, and all films, audiotapes, videotapes, reproductions, media, plates, negatives, photocopies, and electronic and digital copies of the Materials, are the sole property of TOPP. I agree not to contest the rights or authority granted to TOPP hereunder. I hereby forever release and discharge TOPP, its employees, licensees, agents, successors, and assigns from any claims, actions, damages, liabilities, costs, or demands whatsoever arising by reason of defamation, invasion of privacy, right of publicity, copyright infringement, or any other personal or property rights from or related to any use of the Materials. I understand that TOPP is under no obligation to use the Materials.
4. This document authorizes photos of the child to be used in TOPP fundraising efforts, TOPP social media accounts, and TOPP Foundation's website.
5. This document contains the entire agreement between TOPP Foundation and the undersigned concerning the subject matter hereof.

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Child's Name

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Parent / Guardian's Printed Name

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Parent / Guardian's Signature

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Date